

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	Regular
Subject Matter::	Utility
Title::	SINGLE-END-MOUNT SEISMIC ISOLATOR
Attorney Docket Number::	61098/2:2
Request for Non-Publication?::	No
Request for Early Publication?::	No
Suggested Drawing Figure::	3
Total Drawing Sheets::	6
Small Entity::	Yes

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Abe
Family Name::	Qutub
City of Residence::	Beaverton
State or Province of Residence::	OR
Street of Mailing Address::	11135 SW Partridge Loop
City of Mailing Address::	Beaverton
State or Province of Mailing Address::	OR
Postal or Zip Code of Mailing Address::	97007

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ted
Middle Name::	V.
Family Name::	Mercer
City of Residence::	Portland
State or Province of Residence::	OR
Street of Mailing Address::	11135 SW Partridge Loop
City of Mailing Address::	Beaverton
State or Province of Mailing Address::	OR
Postal or Zip Code of Mailing Address::	97007

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	B.
Family Name::	Williams
City of Residence::	Lake Oswego
State or Province of Residence::	OR
Street of Mailing Address::	11135 SW Partridge Loop
City of Mailing Address::	Beaverton
State or Province of Mailing Address::	OR
Postal or Zip Code of Mailing Address::	97007

CORRESPONDENCE INFORMATION

Correspondence Customer Number::	3528
Phone Number::	503-224-3380, 503-294-9670
Fax Number::	503-220-2480
E-Mail Address::	patlaw@stoel.com, kmferris@stoel.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 3528

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/449,158	02/24/03

ASSIGNEE INFORMATION

Assignee Name:: DQP LLP dba Design Quality Products
Street of Mailing Address:: 11135 SW Partridge Loop
City of Mailing Address:: Beaverton
State or Province of Mailing Address:: OR
Postal or Zip Code of Mailing Address:: 97007